| MITHIN CORPORAT | FE LIMITS OF Posicitation Dist No. 93 |
|--|---|
| Eta Mil | No. St., Ward |
| , | death occurred in a hospital or institution, give its NAME, instead of street and number)ds. How long in U.S. If of foreign birth?yrsmosds. |
| - more alefores | der If U. S. Veteran, specify WAR |
| (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| TISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| S. SINGLE, MARRIED, WIDOWED, OR-DLVORCED (write the word) | 21. DATE OF DEATH 193 7 (Month) (Day) (Year) |
| | 22. I HEREBY CERTIFY That I attended daceased from |
| June 12, 1936 | liast saw harman ailva on 1950, to 1950, 1950; death is said |
| ntts Days If LESS than | to have occurred on the data stated above, at 1.030 pm. |
| / 20 1 day,hrs. ormin. | The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows: |
| łER, | Lofon Julimone June, 1937 |
| L, | Whooping to gly May 1937 |
| 11. Total time (years) spent in this | 7 |
| occupation | Other Coutributory Causes of importance: |
| mordend | |
| Haverlowel | |
| Dover D | Nama of operation Dete of Was there an autopsy? Lo |
| a alexander | 23. If daath was due to axtarnal causes (VIOLENCE) fill in also that following: |
| hilds | Accidant, suicida, or homicide? Date of Injury, 19 |
| monton | Whare did injury occur? |
| aleforder | (Specify city or town, county and State) Spacify whathar injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. |
| Date June 4 1937 | Manner of injury |
| -0 | 24. Was disease or injury in any way related to occupation of decaased? |
| nd Per lotting | If so, spacify |
| Drawel Irone | (Signad) James L. Johnson M. D. |
| Registar. | (Address 23 28. Hyll It, Eleton, Mid |
| If more blanks are needed, address State Registrar, | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. |

mation S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

| Example I | li li | Example II | |
|--|---------------|--|---|
| The principal cause of death and related causes of importance were as follows: V E D | Date of onset | The principal cause of death and related causes of importance were as follows: Attack of epilepsy | Date of onset 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago |
| BUREAU V. S. | | | |
| Other contributory causes of importance: | 16 4 4000 | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | 111111111111111111111111111111111111111 |

| ADDITIONAL SPACE FOR FU | IRTHER ST. | TATEMENTS 1 | BY | PHYSICIAN |
|-------------------------|------------|-------------|----|-----------|
|-------------------------|------------|-------------|----|-----------|

certificate.

See instructions on back of

TION is very important.

-WRITE

V. S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH

| 1. PLACE OF DEATH County Cecil | Registration Dist. No. 92 | |
|---|--|------------|
| 0114 00 | | 101 |
| Village Dr City Clock 17 & 2 | NDSt., f death occurred in a hospital or institution, give its NAME instead of street and numbe | Ward |
| Length of residanca in city or town whera death occurred _/5_yrs,mo | ds. How long in U. S. if of foreign birth?yrsmos | |
| 2. FULL NAME Jochob. Allens. | If U. S. Veteran, specify WAR | |
| 120/4 00 | | ******* |
| (a) Residence: No. Clean (Usual place of abode) | St., Ward. If nonresident give city or town and State | |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH (Month) (Day) (193) | 7 |
| 5a. If married, widowad, or divorced | (month) (bay) | year) |
| HUSBAND of (or) WIFE of | 22. I HEREBY CERTIFY, That I attended decae | sed from |
| commonaer owen. | 19.3.7, to Jane 7 - , 1 | 19.2.7 |
| 6. DATE OF BIRTH (month, dey, and year) Left 22 /86 | I lest saw h aliva on January 19.3.7; dea | th is said |
| 7. AGE Yaars Months Days If LESS than 1 dayhrs. | to heve occurred on the data stated above, etm. | |
| 75 8 27 ormin. | THE PROPERTY CAUSE OF DEATH and length causes of importance | e of onset |
| Trada, profassion, or perticular kind of work dona, as SPINNER, | | 7 |
| SAWYER, BOOKKEEPER, etc. | Denty Cardiac / | 44 |
| 5. Industry or business in which work was dona, as SILK MILL. | Dilatation |)-15 |
| Kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc 10. Date daceesed lest workad et this occupation (month and | - | |
| | | |
| year) occupation | Dther Contributory Causes of importanca: | 6- |
| 12. BIRTHPLACE (city or town) | | 3 Ken |
| (State or country) | - hime hypearfelis a | no |
| 13. NAME Drive allen. 14. BIRTHPLACE (city or town) | • | |
| 14. BIRTHPLACE (city or town) | Name of operation Date of | |
| (State or country) | What test confirmed diagnosis? Was there an autops | v? |
| 15. MAIDEN NAME Lydia Ryan. | 23. if deeth wes due to external ceuses (VIOL ENCE) fill in also the following: | |
| 16. BIRTHPLACE (city or town) | Accident, suicide, or homicide? Dete of injury | 19 |
| (State or country) | Where did injury occur? | |
| 17. INFORMANT Deing Belli allen. | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. | |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of lojury | |
| Place Bethel Data Jone 22, 1937 | Neture of Injury | |
| 19. UNDERTAKER N. le Peppin 2 Sons Inc. (Address) Electron Park 12 Mary 14 | 24. Wes disease or injury in any wey ralated to occupation of daceesad? if so, specify | |
| | (Signad) Jane / Mu flound | MA |
| 20. FILED Jule VI, 193 / Maies Office | (Addrase) | (N. U. |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

| | Example I | | Example II | |
|--|---|---------------|--|---------------|
| The principal cause of importance were | of death and related causes as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | CEIVED | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial ne | phritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | JUL 6 1937 | July5,1927 | Peritonitis | 3 days ago |
| | BUREAU V. S. | | | |
| Other contributory | causes of importance: | 3 | Other contributory causes of importance: | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year |
| | | | | |
| | | | | |

| ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA | Al |
|---|----|
|---|----|

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH

| 1 | . PLACE OF DEA | TH 5 | | | (3) | |
|------------|---|--------------------------|--------------------------------|---|--|-------|
| | County | CECIL | , | | Registration Dist. No. 96 | |
| | Village Dr CityYe | t Adm Fac | ility, Pe | rry Point (If | Malory Land . St., V death occurred in a hospital or institution, give its NAME instead of street and number) 4 ds. How long in U.S. if of foreign birth? | Vard |
| 2 | . FULL NAME | BASSET | c, Charl | es C. | If U. S. Veteran, specify WAR World War | |
| | (a) Residence: No | Chastle to | Apts. | Washington | A. B.C. Ward. If nonresident give city or town and State | |
| | PERSONAL AN | D STATISTIC | CAL PARTIC | CULARS | MEDICAL CERTIFICATE OF DEATH | |
| 3. 3 | male 4. colo | R OR RACE | S. SINGLE, MARI OR DIVORCED | (write the word) | 21. DATE OF DEATH June (Month) (Day) 1937 (Year | 7) |
| 5a. | II marriad, widowed, or divo HUSBAND of (GI) WHE of MT | s. Julia | | nee nn ypa e ke r | 22. I HEREBY CERTIFY, That I attended decased | from |
| 6.] | DATE OF BIRTH (month, da | y, and year) | July 17, | 1863 | I last saw h_imaliva onJune | sald |
| 7. | AGE Yaars | Months | Days | If LESS than | to have occurred on the date stated above, at 6:50 Pm. M. | |
| | 73 | 11 | 12 | 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and ralated causes of importance ware as follows: | |
| , NO | S. Trada, prolession, or p | articular as SPINNER. | | - 1/1 | Myocarditis, chronic Sept. 1936 | |
| OCCUPATION | SAWYER, BDOKKE Industry or business in work was done, as SAW MILL, BANK, | | ypographi | cal Engr. | Nephritis, interstitial Sept. 1936 | |
| 000 | 10. Data decaased last worthis occupation (mo | rkad at | 11. Total ti spen occu | me (years) t in this pation _ UN know! | | |
| 12. | BIRTHPLACE (city or town) (State or country) | Washin | gton, D. |) • | Other Contributory Causes of importance: Arteri osclerosis, general | |
| ER | 13. NAME Davi | d Bassett | | | | |
| FATHER | 14. BIRTHPLACE (city or to (State or country) | wn) Wash | ington, | | Name of operation Data of Data | No. |
| ER | 15. MAIDEN NAME | atilda Du | nean son | | 23. If death was due to external causes (VIOLENCE) fili in also the following: | |
| MOTHER | 16. BIRTHPLACE (city or to (State or country) | | ington, | | Accident, suicide, or homicida? | |
| 17. | INFORMANT Ho | spital re | cords | | (Specify city or town, county and State) Specify whathar injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. | |
| 18. | BURIAL GREMATION OR- | | | | Mannar ol injury | |
| | Piace Washingt | on, D.C. | DateJun | e. 30, 1937. | Nature of injury | |
| 19. | UNDERTAKER PENNI (Address) Havre | NCTON & S | Just) | p c. | 24. Was disease or injury in any way related to occupation of deceased? No if so, specify | Ĺ. |
| 20. | FILED 6/30/37 | 19 %] | ! Saw | less! Registrar. | (Signed) C.F. DAVIS M.D. Clinical Dimector | M. D. |
| | | If more b | lanks are needed, a | ddress State Registrar, | 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. | - |

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| Example I | 1 | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis 41 6 1936 | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| BUREAU V. S. | -11 | | 1 |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| Alpha tree | | • • | |
| | | | |

| ADDITIONAL | SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|------------|-------|-----|---------|------------|----|-----------|
|------------|-------|-----|---------|------------|----|-----------|

V. S. No. 1

| | NT KORD. EV | LY. PHYSICI. | . Exact statem | |
|-----------------------------|---|---|--|--|
| BINDING | PERMANE | EXACT | rly classified | ate. |
| FOR | V SI S | e stated | e proper | certific |
| N RESERVEL | DING INK-THI | AGE should be | so that it may be | ctions on back of |
| MARGIN RESERVED FOR BINDING | WHE UNFAI | arefully supplied. | I in plain terms, | tant. See instru |
| | N. BWRITE PLYNY, W. H UNFADING INK-THIS IS A PERMANENT CARD, EV | mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIA | CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statem | TION is very important. See instructions on back of certificate. |
| V. S. No. 1 | N. B. | | | |

| 1. PLACE OF DEATH County Village or City Length of residence in fifty or buff where death popurate. Length of residence in fifty or buff where death popurate. As How long in U. S. It of foreign birth? Village or City Length of residence in fifty or buff where death popurate. As How long in U. S. It of foreign birth? Village or City PERSONAL AND STATISTICAL PARTIGULARS 3. PERSONAL AND STATISTICAL PARTIGULARS 3. PERSONAL AND STATISTICAL PARTIGULARS 5. IN MARKE A CODEN AR RACE OR DATORCES (where the word) 50. If Brained, yeldenced, or diverced (conviction word) (Word) 1. S. IT A CODEN AR RACE ON DATORCES (white of the word) 1. S. Trade, yeldesion, or particular words and the state and the s | STATE OF MARYLAND— | CERTIFICATE OF DEATH 6511 |
|--|--|---|
| Village or City | 11 .0 | 8 |
| Langth of residence in Sty or topf where death occurred. Tyry, mos. ds. How long in U.S. If of foreign birth? yrs mos ds. 2. FULL NAME | County Caco | Registration Dist. No. 4 |
| Leagth of residence in Gity or toyfl where death poeurred. 2. FULL NAME (a) Residence (No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. CORORAR RACE 5. SINGLE MARIEN, WIGOWED, OR DIVORCED (write the word) 22. I HEREBY CERTIFY, That I attended deceased from the state stated above, at 1.9. 3.7.; death in said to have occurred on the date stated above, at 1.9. 3.7.; death in said to have done, as SPINNER, SAWYER, BODKEEPER, etc. 9. Indigity or business in which work was done as SPINNER, SAWYER, BODKEEPER, etc. 9. Indigity or business in which work was done as SPINNER, SAWYER, BODKEEPER, etc. 9. Indigity or business in which work was done as SPINNER, SAWYER, BODKEEPER, etc. 9. Indigity or business in which work was done as SPINNER, SAWYER, BODKEEPER, etc. 9. Indigity or business in which work was done as SPINNER, SAWYER, BODKEEPER, etc. 9. Indigity or business in which work was done as SPINNER, SAWYER, BODKEEPER, etc. 9. Indigity or business in which work was done as SPINNER, SAWYER, BODKEEPER, etc. 9. Indigity or business in which work was done as SPINNER, SAWYER, BODKEEPER, etc. 9. Indigity or business in which work was done as SPINNER, SAWYER, BODKEEPER, etc. 9. Indigity or business in which work was done as SPINNER, SAWYER, BODKEEPER, etc. 9. Indigity or business in which work was done as SPINNER, SAWYER, BODKEEPER, etc. 9. Indigity or business in which work was done as SPINNER, SAWYER, BODKEEPER, etc. 9. Indigity or business in which work was done as SPINNER, SAWYER, BODKEEPER, etc. 9. Indigity or business in which work was done as SPINNER, SAWYER, BODKEEPER, etc. 9. Indigity or business in which work was done as SPINNER, SAWYER, BODKEEPER, etc. 9. Indigity or business in which work was done as SPINNER, SAWYER, BODKEEPER, etc. 9. Indigity or business in which work was done as SPINNER, SAWYER, BODKEEPER, etc. 9. Indigity or business in which work was done as SPINNER, SAWYER, BODKEEPER, etc. 9. Ind | | |
| (a) Residence flo. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3.5EX (Co) OR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (werise the word) Sa. II married, widowed, or divorced (co) wife of (co) wife | Length of residence in city or toy where death occurred | death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds. |
| PERSONAL AND STATISTICAL PARTICULARS 3.\$FX 4. COOR R RACE 5. SINCLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 7. ACE 6. DATE OF BIRTH (month, day, and year) 6. DATE OF BIRTH (month, day, and year) 7. ACE 7. ACE 7. ACE 8. Frade, profession, or particular kind of work done, as SPINNER, MIDOWED, Or min. 8. Frade, profession, or particular kind of work done, as SPINNER, MIDOWEEPR, etc. 9. Indigistry or business in which work done as SPINNER, MIDOWEEPR, etc. 9. SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (months and year) 11. BIRTHPLACE (city or town) 12. BIRTHPLACE (city or town) 13. NAME 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 17. INFORMANT 18. SIRGLE PLACE 18. BIRTHPLACE (city or town) 19. ACE death is viside, or homicide? 19. ACE death is viside, or homicide? 19. ACE death, spicide, or homicide? 19. ACE death, spicide, or homicide? 19. Date of injury 19. Manner of injury Nature of injury in any way related to occupation of decased? | | |
| PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. CORR R RACE 5. SINCLE, MARRIED, Wildower, or divorced (World Wilfe of Corp.) 5. S. H. Married, widowed, or divorced (World Wilfe of Corp.) 5. J. H. married, widowed, or divorced (World Wilfe of Corp.) 6. DATE OF BIRTH (month, day, and year) 6. DATE OF BIRTH (month, day, and year) 6. DATE OF BIRTH (month, day, and year) 7. AGE 7. AG | | |
| Sa. If married, widowed, or divorced HUSBAN (Part I F Y. Ibat I attended deceased from HUSBAN (Part I F Y. Ibat I attended deceased from I feet of the part I feet of | PERSONAL AND STATISTICAL PARTICULARS | |
| HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than I day,hrs. ormin. 8. Trade, profesion, or particular SAWYER, BODKKEPER, etc. 9. Indigity or business in which work was done; as SILK MILL, SAWYER, BODKKEPER, etc. 9. Indigity or business in which work was done; as SILK MILL, SAWHILL, BARK, etc. 10. Date deceased inst worked at this occupation (month and year) Date of most HEREBY CERTIFY, That I attended deceased from 19.7, to. 19. | The While OR DIVORCED (write the word) 5a. If married, widowed, or divorced | Jane 2 193 7 |
| 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than I day,hrs, ormin. SAWYER, BODKREPER, etc. 9. Indigety or business in which work done, as SPINNER, SAWYER, BODKREPER, etc. 10-Date deceased last worked at span in this work was done as SILK MILL, SAWYER, BODKREPER, etc. 10-Date deceased last worked at span in this work was done as SILK MILL, SAWYER, BODKREPER, etc. 10-Date deceased last worked at span in this work was done as SILK MILL, SAWYER, BODKREPER, etc. 11. Total time (years) span in this occupation (state of country) Dither Coatributery Causes of importance: 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 17. INFORMANT (Address) Date of injury (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. Manner of injury Nature of injury Nature of injury Nature of injury Nature of injury in any way related to occupation of deceased? | HUSBAND of | ARABA TO THE TOTAL PROPERTY OF THE PARTY OF |
| 8. Frade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEPER, etc. 9. Indigetry or business in which work was done, as SILK MILL, SAW MILL, BARK, etc. 10. Date decased iast worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State of bountry) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (State or country) 18. BIRTHPLACE (city or town) (State or country) 19. What test confirmed diagnosis? Specify whether injury occurred in iNDUSTRY, in HDME, or in PUBLIC PLACE. Manner of injury Name of injury Name of injury Specify whether injury occurred in iNDUSTRY, in HDME, or in PUBLIC PLACE. Manner of injury Nature of injury Nature of injury 19. UNDERTAKER 24. Was disease or injury in any way related to occupation of deceased? | | I last saw Jim alive on June 2 , 19 27; death is said |
| 8. Trade, profession or particular kind of write done as SPINNER, SAWYER, BOOKKEPER, etc 9. Indistry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State of pountry) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 17. INFORMANT (State or country) 18. BBRIAL OBEMATION, OR REMOVAL Manner of injury Name of operation. 29. Indistry Causes of importance: 19. What test confirmed diagnosis? Was there an aulopsy? 20. What test confirmed diagnosis? Name of operation. 21. Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE Name of injury. Name of operation. 20. Where did injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE Name of injury. Nature of injury. Nature of injury. Nature of injury Nature of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? | 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance |
| this occupation (month and year) 12. BIRTHPLACE (city or town) 13. NAME 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 17. INFORMANT 18. BIRTHPLACE (city or town) 18. BIRTHPLACE (city or town) 19. UNDERTAKER 19. UNDERTAKER 10. This occupation (month and year) 10. Date of country) 11. Date of country 12. Date of this occupation (month and year) 13. NAME 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 17. INFORMANT 18. BIRTHPLACE (city or town) 18. BIRTHPLACE (city or town) 19. UNDERTAKER 19. UNDERTAKER 19. UNDERTAKER 20. UNDERTAKER 21. Was disease or injury in any way related to occupation of deceased? 22. Was disease or injury in any way related to occupation of deceased? 24. Was disease or injury in any way related to occupation of deceased? | Z 8. Trade, profession, or particular | Date of onset |
| this occupation (month and year) 12. BIRTHPLACE (city or town) 13. NAME 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 17. INFORMANT 18. BIRTHPLACE (city or town) 18. BIRTHPLACE (city or town) 19. Where did injury occur? 19. Where did injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. 18. BIRTHPLACE (CITY OF TOWN) 19. UNDERTAKER 19. UNDERTAKER 24. Was disease or injury in any way related to occupation of deceased? | SAWYER, BDDKKEEPER, etc. | Searle frever 5-12. |
| this occupation (month and year) 12. BIRTHPLACE (city or town) 13. NAME 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 17. INFORMANT 18. BIRTHPLACE (city or town) 18. BIRTHPLACE (city or town) 19. Where did injury occur? 19. Where did injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. 18. BIRTHPLACE (CITY OF TOWN) 19. UNDERTAKER 19. UNDERTAKER 24. Was disease or injury in any way related to occupation of deceased? | 9. Industry or business in which work was done, as SILK MILL, | |
| Dther Centribntery Causes of importance: 12. BIRTHPLACE (city or town) State of country) | O this occupation (month and spant in this | |
| (State of bountry) 13. NAME 14. BIR(APLACE (city or town) 15. MAIDEN NAME 16. BIR(APLACE (city or town) 17. INFORMANT 18. BIR(APLACE (city or town) 18. BIR(APLACE (city or town) 19. UNDERTAKER 19. UNDERTAKER | 3 - 0 B hed | Other Contributory Causes of importance: |
| 14. BIRTAPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BIRTIAL, CREMATION, OR REMOVAL Manner of injury Date of (Specify city or town, county and State) Specify whether injury occurred in iNDUSTRY, in HDME, or in PUBLIC PLACE. Manner of injury Nature of injury Nature of injury Nature of injury 19. UNDERTAKER 24. Was disease or injury in any way related to occupation of deceased? | | agute museagehal |
| 14. BIRTAPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BIRTIAL, CREMATION, OR REMOVAL Manner of injury Date of (Specify city or town, county and State) Specify whether injury occurred in iNDUSTRY, in HDME, or in PUBLIC PLACE. Manner of injury Nature of injury Nature of injury Nature of injury 19. UNDERTAKER 24. Was disease or injury in any way related to occupation of deceased? | 13. NAME Shul Biddle | la luce chemica communa |
| What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIDLENCE) fill in also the following: 16. BIRTHPLACE (city or town) Cotate and country) 17. INFORMANT CARRATION, OR REMOVAL 18. BIRTIAL, CREMATION, OR REMOVAL Manner of injury Nature of injury Nature of injury 19. UNDERTAKER 24. Was disease or injury in any way related to occupation of deceased? | H Malacan Malacan | |
| 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BIRTIAL, CREMATION, OR ASMOVAL 19. UNDERTAKER 19. UNDERTAKER Was there an au'opsy? 23. If death was due to external causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury Where did injury occurr? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? | (State or country) | |
| Where did injury occur? 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL 19. UNDERTAKER Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in iNDUSTRY, in HDME, or in PUBLIC PLACE. Manner of injury 24. Was disease or injury in any way related to occupation of deceased? | II IS MAIDEN NAME | |
| Where did injury occur? 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL 19. UNDERTAKER Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in iNDUSTRY, in HDME, or in PUBLIC PLACE. Manner of injury 24. Was disease or injury in any way related to occupation of deceased? | 16. BIRTHPLACE (city or town) 4) Plane | |
| 17. INFORMANT Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. 18. BORIAL, CREMATION, OR REMOVAL Manner of injury Nature of injury 19. UNDERTAKER 24. Was disease or injury in any way related to occupation of deceased? | E (State or country) | Where did injury occur? |
| 19. UNDERTAKER TO THE MAN Y T. 1937. Nature of injury in any way related to occupation of deceased? | The state of the s | (Specify city or town, county and State) Specify whether injury occurred in iNDUSTRY, in HDME, or in PUBLIC PLACE. |
| 19. UNDERTAKER TO THE TOTAL 24. Was disease or injury in any way related to occupation of deceased? | | Manner of injury |
| 19. UNDERTAKER John May 19. UNDERTAKER 24. Was disease or injury in any way related to occupation of deceased? | songally Quelity. Date May 4 5,195/ | |
| VICTOR OF THE PROPERTY OF THE | | 24. Was disease or injury in any way related to occupation of deceased? |
| 20. FILED June 4, 19 37 Of OWAN (Signed) A. R. Cwelly 40. | 20. FILED June 4, 19 37 101 Coupper | (Signed) A. R. Cwelly 40. |
| If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. | | |

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To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

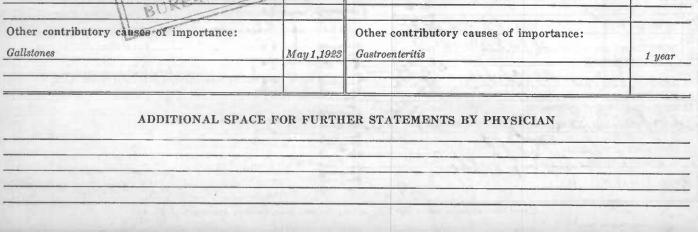
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage S. | July 5, 1927 | Peritonitis | 3 days ago |
| BUREAU | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |



| STATE OF MARYLAND— | CERTIFICATE OF DEATH |
|--|--|
| 1. PLACE OF DEATH | |
| County Clerk | Registration Dist. No. 4 0 |
| Village or City Nouncelo | NoSt.,Ward |
| 20 | death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds |
| 2. FULL NAME/GUMAS (19ra | d. |
| | Ust G Ward. |
| (a) Residence: No. J J C W W (Usual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED write the word) | 21. DATE OF DEATH (Month) (Day) (Veer) |
| 5a. If married, widowed or divorced HUSBAND of (or) WIFE of hay favored. | 22. LHEREBY CERTIFY, That I attended deceased from |
| 6. DATE OF BIRTH (month, dey, end year) Cugs-1881 | I last saw h alive on 19 ; death Is sel |
| 7. AGE Years Months Days If LESS than | to have occurred on the dete stated above, at 12 moon. |
| 5-6 10 2/ 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as-follows: |
| Trade profession or particular | Date of onset |
| SAWYER, BOOKKEEPER, etc | Affilhledy! |
| work wes done, as SILK MILL, SAW MILL, BANK, etc | 7/00/ |
| Ind of work done, as SPINNER, Above 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spent in this | |
| year) occupation | Other Contributary Causes of importance: |
| 12. BIRTHPLACE (city or town) | |
| (State or country) | |
| 14. BIRTHPLACE (city or town) Dut Brund | 011110 |
| 4 14. BIRTHPLACE (city or town) De CC (State or country) | Neme of operation |
| 15. MAIDEN NAME Gus Hollingmil | What test confirmed diagnosis? Was there an eutopsy? 23. If death wes due to externel causes (VIOLENCE) fill in elso the following: |
| 16. BIRTHPLACE (city or town). | Accident, suicide, or homicide? Date of injury 19 |
| (State or country) | Where did injury occur? |
| 17. INFORMANT Agnus and | (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of Injury DW |
| Place 13 the manual Date part 30., 19.37. | Nature of Injury |
| 19. UNDERTAKER Sanoh of mourl | 24. Was disease or injury in any way related to occupation of deceased? |
| (Address) mid alle Form Del | If so, specify |
| 20. FILEPHILL 20, 193 Colorator. Registrar. | (Signord Address) March Sun Mid |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Cord. Every item of infor-AGE should be stated EXACTLY. VPHYSICIANS should state AGE should be stated EXACTLY. UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. mation should be carefully supplied. B-WRITE PLA V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

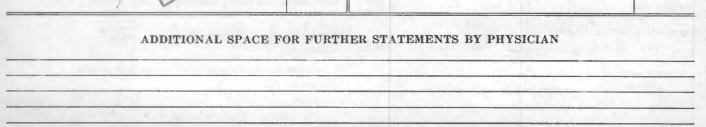
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: Gallstones | May 1,1923 | Other contributory causes of importance: Gastroenteritis | 1 year |



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To be complete, an occupation return must state:

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10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| | Example II | |
|---------------|--|---|
| Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| 1915 | Attack of epilepsy | 1 week ago |
| 1921 | Run over by street car | 1 week ago |
| July 5, 1927 | Peritonitis | 3 days ago |
| | 141 | |
| | Other contributory causes of importance: | |
| May 1,1923 | Gastroenteritis | 1 year |
| | | - |
| | 1915 1921 July 5,1927 | 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance: |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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| li li | . Example 11 | |
|---------------|--|--|
| Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| 1915 | Attack of epilepsy | 1 week ago |
| 1921 | Run over by street car | 1 week ago |
| July 5,1927 | Peritonitis | 3 days ago |
| | Br July M. | |
| | Other contributory causes of importance; | |
| May 1,1923 | Gastroenteritis | 1 year |
| | .0/ | 10 11 11 11 |
| | 1915 1921 July 5,1927 | Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance: |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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| S Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
|-----------------|--|---|
| 1915 | Attack of epilepsy | 1 week ago |
| 1921 | Run over by street car | 1 week ago |
| July 5,1927 | Peritonitis | 3 days ago |
| | Other contributory causes of importance: | |
| May 1,1923 | Gastroenteritis | 1 year |
| | | |
| | 1921 July 5,1927 | of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance: |

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20. FILED /29 , 19-37 /8. d.

| STATE | OF MAR | YLAND- | C |
|--|------------------------------|--|-----|
| 1. PLACE OF DEATH | | | |
| County Cecil | | | |
| Village or City Change | peaker | City | |
| Langth of residanca in city or town wi | here death occurrad | (If | de |
| 2. FULL NAME | lia, E | Firster | |
| (a) Residence: No. | (Usual place | of abode) | |
| PERSONAL AND STATE | | | |
| 3. SEX Fémale 4. COLOR OR RACE White | 5. SINGLE, MAI OR DIVORCE | RRIED, WIDOWED, ED (write the word) | |
| 5a. If married, widowad, or divorced HUSBAND of (or) WIFE of | ? Foster | | - 2 |
| 6. DATE OF BIRTH (month, day, and year) | July 9 | 1870 | - |
| 7. AGE Years Months | Deys | If LESS than | |
| 66 11 | 17 | 1 day,hrs. | |
| 8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc | House | vil. | - |
| 9. Jadustry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc | | | 1 |
| 10. Data daceased last worked at this occupation (month and year) | sps | time (years) ent in this upation | - |
| 12. BIRTHPLACE (city or town) Chec (State or country) | raprake | City | - |
| 13. NAME Samuel | Lloyd | | - |
| 14. BIRTHPLACE (city or town) | sopouke | City | - |
| 15. MAIOEN NAME Rebecc | s Cha | mbers | 1 |
| 16. BIRTHPLACE (city or town) C. (State or country) | rangla | the lite | - |
| 17. INFORMANT Character of Address) Chasup | ? Foste | nd mid | |
| 18. BURIAL, CREMATION, OR REMOVAL Place Bathel Cam | Tany Date Ju | 29.,1937. | |
| 19. UNDERTAKER 24 | The | | |
| 6/ | 2 10 .2 | | 1 |

eath occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? _______ wrs. _____ mos. _____ds. If U. S. Veteran, specify WAR If nenresident give city or town and State MEDICAL CERTIFICATE OF DEATH 1. DATE OF DEATH (Day) The PRINCIPAL CAUSE OF DEATH and related causes of Importance Other Contributory Causes of Importance: Name of operation. What test confirmed diagnosis?_ 23. If death wes due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?_____ Date of injury_______19____ Where did injury occur?_____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Manner of injury Nature of Injury_____ 24. Was disease or injury in any way related to occupation of deceased?

Registrar.

If so, spacify

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

| The principal cause of death and related causes of importance were as follows: Attack of epilepsy | Date of onset 1 week ago |
|--|--|
| | 1 week ago |
| D Lu stund out | |
| Run over by street car | 1 week ago |
| 27 Peritonitis | 3 days ago |
| Other contributory causes of importance: | |
| 23 Gastroenteritis | 1 year |
| | Other contributory causes of importance: |

| ADDITIONAL | SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN | |
|------------|-------|-----|---------|------------|----|-----------|--|
| | | | | | | | |

STATE OF MARYLAND-CERTIFICATE OF DEATH

| 1. PLACE OF DEATH | | 43-6 | 9.3 |
|--|---|--|----------------------------|
| County | 2 // | Registration Dist. No. | 0 |
| Village or City Clock | (If deat) | ND. th occurred in a hospital or institution, give its NAME instead | St., Ward |
| Length of residanca in city or town whera daath occurrad. | 11 - | ds. How long In U.S. If of foreign birth??_vr | |
| 2. FULL NAME Thomas Bald | · | If U. S. Veteran, specify WAR Ce | 20 |
| 0014 0 | Du | St. Ward. | (- V |
| (a) Residence: No. Cleton (Usual p | lace of abode) | If nonresident give city | or town and State |
| PERSONAL AND STATISTICAL PAR | RTICULARS | MEDICAL CERTIFICATE OF I | DEATH |
| | MARRIED, WIDOWED. RCED (write the word) | L DATE OF DEATH | |
| M wh wide | wed | (Month) (De | (Year) |
| 5a. If merried, widowed, or divorced HUSBAND of | | \mathcal{C} | |
| (or) WIFE of Clinabeth Cros | 222 | I HEREBY CERTIFY, That | t I attanded deceased from |
| 00 | 1 | last saw h. Amalive on | 19.2. |
| 6. DATE OF BIRTH (month, dey, and year) July 27 7. AGE Years Months Days | 1071 | heve occurred on the dete stated above, et | , 192; geeth is said |
| A. AGE Tears Months V Days | A day has | he PRINCIPAL CAUSE OF DEATH and releted causes of imp | nortance |
| 13 1 11 2/ | | vere as follows: | Date of onset |
| 8. Trede, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc | | Saule mysten | 12 |
| 4 1 3 Industry of pusiness in which | | | mats. |
| work wes done, as SILK MILL, SAW MILL, BANK, etc | | | |
| | tal time (years) spent in this | | 2 |
| year) | occupation | Other Contributary Causes of Importance: | |
| 12. BIRTHPLACE (city or town) Doe Run | | And dealestary delete of importance. | |
| (State or country) Pennsylan | -ora | | |
| 13. NAME Joseph Gras | | | s, |
| 14. BIRTHPLACE (city or town) | No. | lame of operetion | Date of |
| (State of country) | thrung. W | Vhat test confirmed diagnosis? W | Vas there en eutopsy? |
| 15. MAIDEN NAME Rebecca Buff | Lugton 23. | . If death wes due to external causes (VIOL ENCE) fill in elso | the following: |
| 16. BIRTHPLACE (city or town) | 2 · Ac | Accident, suicide, or homicide? Dete of i | njury, 19 |
| (State or country) | W | Where did injury occur? | |
| 17. INFORMANT Carrie P. Gros | s sı | (Specify city or town, copecify whether injury occurred In INDUSTRY, in HOME, or i | n PUBLIC PLACE; |
| (Address) Claton R.D. 4 | | | |
| 18. BURIAL, CREMATION, OR REMOVAL | 9 3 M | Menner of injury | |
| Piece Character Date | 19.5/ N | Nature of injury | |
| 19. UNDERTAKER N. L. Pappin , Sons 13 | in BAPPAI 24. | . Was disease or injury in any way related to occupation of | deceased? |
| (Address) Elkton, ml | If | f so, specify | 7 |
| 20. FILED June 9 1927 & 3 | grant | (Signed) | M. I |
| | Registrar | (Address) | lite man |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

*MARGIN RESERVED FOR BINDING

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example 1 | | Example 11 | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: Arteriosclerosis | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| BUREAU V. S. | - 1 | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

| ADDITIONAL SPACE FOR FUR | HER STATEMENTS BY PHYSICIAN |
|--------------------------|-----------------------------|
|--------------------------|-----------------------------|

1

V. S. No. 1

| | SIAIL | OF MARYLAND— | CERTIFICATE OF DEATH | 0910 |
|------------|--|---|--|------------------|
| 1 | . PLACE OF DEATH | Ma = 2 | (937) | |
| | County | Cul, | Registration Dist. No. | 6 |
| | Village or City | Port depos | No. St., death occurred in a hospital or institution, give its NAME instead of street | Ward |
| | Langth of rasidanca In city or town where | 1 8 1 | ds. How long in U.S. If of foreign birth?yrs | |
| 2 | . FULL NAME | Ka STACE | Orcient v. S. Veteran, specify WAR | |
| 1 | (a) Residence: No. Sark | (Usual place of abode) | St., Ward. If nonresident give city or town | and State |
| | PERSONAL AND STATIST | TICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATI | Н |
| 3.5 | emale white | 5. SINGLE, MARRIED, WIDOWED, OR DAVORCED (write the word) | 21. DATE OF DEATH MAL (O- | , 193(Year) |
| 5a. | If married, widowed, or divorced WSBAND of (or) WIFE of | Loues | 22. I HEREBY CERTIFY. That I atten | ded decaasad fro |
| e 1 | DATE OF BIRTH (month, day, and yeer) | 110 9 18119 | last saw h ev alive on with 9 195 | 7: death is sa |
| | AGE Years Month's | Days If LESS than | to have occurred on the data states above, at | |
| | 88 3 | 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance. | |
| NO | 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc | House work. | were sofolikus: Myscarde | Date of ones |
| OCCUPATION | 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. | Jun Howe | <i>(f)</i> | |
| 220 | 10. Date deceased last worked at this occupation chonth and 9 year) | 11. Total time (years) 72 spent in this 72 occupation | | |
| 12. | BIRTHPLACE (city or town) | Defrosit | Other Coutributory Causes of importance: | 107 |
| ER | 13. NAMEWilliam | Hall | Mille - October - | 171 |
| FATH | 14. BIRTHPLACE (city or town) | Defrant | Name of operation Date | |
| ER | 15. MAIDEN NAME Elim | a letter Hands | Whet test confirmed diagnosis? Was there 23. If daath was due to external causes (VIOLENCE) fill In also the folio | |
| MOTHE | 16. BIRTHPLACE (city or town) | and same | Accident, suicide, or homicide? Date of injury | |
| | (States or country) INFORMANT (INSTERNATION OF THE PROPERTY OF | Holy | Where did injury occur? (Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC | State) C PLACE. |
| 18. | (Address) BURIAL, CYEMATION, OR REMOVAL Place 1 Official Cell | Date June 12/19 37 | Menner of Injury | |
| 19. | UNDERTAKED EN CALL (Address) Terrifying | thenson, | 24. Wes disease or injury In any way related to occupation of deceased If so, spacify | , 160 |
| - | FILED 4/12/ 18/27 & | J' Drudeis. | (Signed) Of (OVM40) | U; M. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| | Example 1 | | Example II | |
|--|---|---------------|--|---------------|
| The principal cause of importance were a | of death and related causes as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | PECELVEDI | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nep | | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | JUL 6 1997 | July 5,1927 | Peritonitis | 3 days ago |
| | BUREAU V. S. | | | |
| Other contributory | auses of importance: | 3 | Other contributory causes of importance: | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year |
| | | | | |

| ADDITIONAL SE | PACE FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|---------------|----------|---------|------------|----|-----------|
|---------------|----------|---------|------------|----|-----------|



If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
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| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory thuses of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | BDR # 1937 | |
| ADDITIONAL CDACE E | OD EHDTH | ED CHATEMENTO DV OUNCICIAN | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY THE SICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

| CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA- | N. B.—WRITE PLANCY, WITH UNFADING INK—THIS IS A PERMANENT IN CALD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state | Y, WIT | Y, WITH UNFADING INK-THIS IS A PERMANEN carefully supplied. AGE should be stated EXACTL | N RESING IN | SERVE NK-TI should | HIS I be st | S A P | SINDIN ERMAN EXAC | NG TLY | 2. 出 | AD. Evel | ry iter NS sh | n of i |
|--|--|-----------|---|-------------|--------------------------|-------------|---------|-------------------------|-----------|-------|----------|------------------|--------|
| | AUSE OF DEAT | 'H in pla | ain terms, s | o that | it may | be p | roperly | classif | ied. | Exact | stateme | nt of | |

| 1. PLACE OF DEATH | 0. | 1017 112 | | 83 |
|--|--------------------|-------------------------------|---|---|
| County Cec: | 1 | | | Registration Dist. No. 96 |
| | | | (If | death occurred in a hospital or institution, give its NAME instead of street and number) 26. ds. How long In U.S. If of foreign birth? yrs. mos. ds. |
| 2. FULL NAME J | ENIS, ddletown | Nolai Fred (Usual place | erick Co., | If U. S. Veteran, specify WAR World Masyland Ward. If nonresident give city or town and State |
| PERSONAL AND | TATISTICA | L PARTI | CULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OF white | | | RIED, WIDOWED, D (write the word) | 21. DATE OF DEATH |
| 5a. If marriad, widowed, or divorcad HUSBAND of Mrs 1 | Volan B. | |) | 22. I HEREBY CERTIFY, That I attended deceased from July 20, 1936, to June 15, 1937. |
| 6. DATE OF BIRTH (month, day, and | | 3. 22, | 1 | I last saw him alive on June 15 19.37; death is said |
| 7. AGE Years 46 | Months 9 | Days 24 | If LESS than 1 day,hrs. ormin. | to have occurred on the data stated above, at 9.50. Am Me The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Date of onset |
| Trada, profassion, or particular work done, as S SAWYER, BOOKKEEPER, 9. Industry or business in whit work was done, as SILK work was done, as SILK ANMILL, BANK, etc 10. Date deceased last workad this occupation (month | PINNER, etc | spe | ima (years) nt in this upation | Myocarditis, chronic unknown |
| | Shafersvi Maryl | 11e, | apation _ s-s-s-s-s-s-s-s-s-s-s-s-s-s-s-s-s-s-s | Other Contributory Causes of Importance: General Paralysis of the Insene unknown |
| 14. BIRTHPLACE (city or town). (State or country) | Mary | land | | Name of operation CIIII cal & Laborato What tast confirmed diagnosis? raports Was there an autopsy? No |
| 15. MAIDEN NAME Ma: 16. BIRTHPLACE (city or town). (State or country) | Maryland | | | 23. If daath was dua to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? |
| 17. INFORMANT Hosp (Addrass) | ital reco | or ds | | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18-DUDIAL CREMATION OF REMO | | Dete Jun | e 16 ₁₉ 3 V | Manner of Injury |
| 19. UNDERTAKER (Addrass) Havre de 20. FILEP | | ton Many la | +Sou. | 24. Wes disease or injury in any way related to occupation of decaased? No If so, specify (Signed) DAVIS, M.D. Clinical Director |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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| Example I | | Example II | |
|--|---------------|--|-----------------|
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| Chronic interstitial nephritis - F D | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis . | 3 days ago |
| JUL 0 1037 | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

| ADDITIONAL | SPACE | FOR | FURTHER | STATEMENTS | $\mathbf{B}\mathbf{Y}$ | PHYSICIAN |
|------------|-------|-----|---------|------------|------------------------|-----------|
| | | | 1 | | | |

| infor- state UPA. | STATE OF MARYLAND— | CERTIFICATE OF DEATH 6521 |
|--|---|--|
| • | 1. PLACE OF DEATH | (R) |
| of of occ | County Olec | Registration Dist. No. 73 |
| sh of | | No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number) |
| NS. | Length of residence in city or town where death occurredyrs,mos | ds. How long In U.S. If of foreign blrth?yrsmosds. |
| D. Every SICIANS tatement | 2. FULL NAME Ochtola Rice | If U. S. Veteran, specify WAR |
| SD. Every YSICIANS statement | (a) Residence: No. | St., Ward. |
| | (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS | If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH |
| PH Exact | 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, | 21. DATE OF DEATH |
| E X | Hinde White OR DIVORCED (prite the word) | July 14 193 7 |
| T'L ed. | 5a. If married, widowed, or divorced | (Month) (Day) (Year) |
| MANEN A C T I assified. | HUSBAND of (or) WIFE of | 22. I HEREBY CERTIFY That I attended deceased from |
| ERM EX A y clast | 0 '2 412 1611 | Movember, 1936, to fille , 193) |
| PEU B | 6. DATE OF BIRTH (month, day, and year) Soul 25 / 9/4 | I last saw h . 67 alive on |
| FOR B IS A PF stated F properly ertificate | 7. AGE Years Month's Days If LESS than 1 day,hrs. | to have occurred on the date stated above, at 2.12. Pm. The PRINCIPAL CAUSE OF DEATH and related causes of importance |
| IS A PE stated E properly certificate | 9 Trade profession or particular | were as follows: Date of onegt |
| be be | 8. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. Sousseures S | Mural relieves 1917 |
| KVE | 9. Industry or husiness in which | |
| | SAW MILL, BANK, etc | |
| INI INI t it | | |
| KEN GG I AGE that | year) No-1-1-23. Cocupation occupation | Other Contributory Causes of importance |
| DIN So So Iction | 12. BIRTHPLACE (city or town) Cutagual Conounts | Cerebral Cuibolus Jau-19. |
| NFADING NFADING plied. AGI erms, so tha | (State or country) mq. | |
| | 13. MAINE | |
| 0.7 = 0.0 | 14. BIRTHPLACE (city or town) Conformation (State or country) | Name of operation Date of |
| E A E | | What test confirmed diagnosis? Was there an autopsy? |
| IMLY, WITS be carefully EATH in pla | E Q (1) | 23. If death was due to external causes (VIOL ENCE) fill in also the following: |
| AINLY, d be can DEATH y import | 16. BIRTHPLACE (city or town) | Accident, suicide, or homicide? Date of Injury, 19 |
| be be imp | ma Granda Rice | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| | 17. INFORMANT (Address) | Spoon's whether things occurred in this series, in flower, of the oblice tence. |
| Shou Shou E OF is ver | 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury |
| SE | Place assured Md. Date line 17, 1987 | Nature of injury |
| -WRITE mation sl CAUSE TION is | 19. UNDERTAKER & Typin i | 24. Was disease or injury in any way related to occupation of deceased? |
| E OF | (Address) Pesing Sun Ind. | If so, specify |
| i e | 20, FILED 9, 6 65 19 37 7 . T | (Signed) Mary 10 Mally M.g. |
| z D | Lall owner of No Registrar. | (Address) / Willy / Will, Will. |
| Olm | Masura (- If more blanks and headed, address State Registrar, | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. |

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| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arterioselerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| | | (A. 14, 12) | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | |
| | | 0 | |

| ADDITIONAL | SPACE | FOR | FURTHER | STATEMENTS | BY | PHYS | ICIAN |
|------------|-------|-----|---------|------------|----|------|-------|
|------------|-------|-----|---------|------------|----|------|-------|

MARGIN RESERVED FOR BINDING

V. S. No. 1

| STATE OF MARYLAND | CERTIFICATE OF DEATH 6522 |
|--|--|
| 1. PLACE OF DEATH | 731 |
| County | Registration Dist. No. |
| Village or City | No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number) |
| | death occurred in a hospital or institution, give its IVAIVIE instead or street and number) ds. How long in U.S. If of toreign birth?yrsmosds. |
| 2. FULL NAME COLORS Pol | 9 |
| (a) Residence: No. North East M | J. St., Ward. |
| (Usual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH |
| 5a. If married, widowed, or divorced | (Month) (Day) (Year) |
| HUSBAND ot | 22. I HEREBY CERTIFY, That I attended deceased from |
| unio risby | 19.3 7, to 19.3 7 |
| 6. DATE OF BIRTH (month, day, and year) Cug 2 /8 69 | I last sale h alive on |
| 7. AGE Yaars Months Pays If LESS than I day,hrs. | to have occurred on the data stated allove, at |
| 68 10 26 ormin. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as tollows: |
| Trade, protession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc. | Ω |
| SAWYER, BOOKKEEPER, etc. | Undio Vurrelas Venne Uneare Want |
| 99. Industry or businass in which work was done, as SILK MILL, Farm - Ouls hull | frue- |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spent in this | - U year |
| yaar) occupation (month and occupation | Oh- C-+1-1 |
| 12. BIRTHPLACE (city or town) Essey Co- | Other Contributory Causes of importance: |
| (State or country) Unginea | Curling Merconferration |
| 표 13. NAME 기 13. NAME | V |
| 14. BIRTHPLACE (city or town) & O notrably | Name of operation |
| (State of Country) | What test confirmed diagnosis? Was thara an au'opsy? |
| 15. MAIDEN NAME | 23. It death was due to external causes (VIOL ENCE) fill in also the following: |
| 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) | Accident, suicide, or homicide?Date of injury,19 |
| (State or country) | Where did Injury occur? (Specify city or town, county and State) |
| 17. INFORMANT Cicil County Wilfay Boardes (Address) | Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury |
| Place So falest Cem. North Date July 1, 193 | Natura of injury |
| 19. UNOERTAKER JOSEPOL R. Grant | 24. Was disease or injury in any way ralated to occupation of deceased? |
| (Address) North Lant Me | It so, specify |
| 20. FILED 7 - 1-3219 - Gy W Quesus | (Signed) M. D. |
| Registrar. | (Ardress) well and had |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

| Example I | 1 | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis S. | 1915 | Attack of epilepsy | 1 week ago |
| Chronie interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago |
| | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

| ADDITIONAL | SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN | |
|------------|-------|-----|---------|------------|----|-----------|--|
| | | | | | | | |



STATE OF MARYLAND-CERTIFICATE OF DEATH should state of OCCUPA-

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| 1. PLACE OF DEATH | 92-0 |
|--|--|
| County Cecl | Registration Dist. No. |
| Village or City North Fact | No. St., Ward |
| Length of residence in city or town where death occurredyrs | (If death occurred in a hospital or institution, give its NAME instead of street and number)ds. How long in U.S. if of foreign birth?yrsmosds. |
| 2. FULL NAME GEORGES Com / | Poyal If U.S. Veteran specify WAR. |
| (a) Residence: No. (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOW OR DIVORCED (swrite the w | |
| 5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Joseph Royal | 22. I HEREBY CERTIFY. That I attended deceased from 1 |
| 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS 1 day, orm | than to have occurred on the date stated above, am. The PRINCIPAL CAUSE OF DEATH and related causes of importance |
| 8. Trade, profession, or particular kind of work done, as SPINNER, Petured Horses, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and | ent mitral legungitation 192 |
| 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation (cupation) 12. BIRTHPLACE (city or town) | Other Contributory Canses of Importance: |
| (State or country) | ny |
| 13. NAME Joseph Me Kenny 14. BIRTHPLACE (city or town) Mary fand (State or country) | Name of operation Date of What test confirmed diagnosis? Was there an autopsy? |
| 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) | 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? |
| 18. BURIAL, CREMATION, OR REMOVAL Place North East Corneling Date July 3, 1 | Manner of injury |
| 19. UNOERTAKER. Johnson & Albertallos (Address) | 24. Was disease or injury in any way related to occupation of deceased? |
| 20. FILEO 7-2-31, 19 10 Paris | (Signed) M. D. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

| Example I | 1 | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago |
| and the second s | | | |
| Other contributory causes of importance: | - | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

| ADDITIONAL SPACE FOR FURTHER ST | TATEMENTS BY PHYSICIAN | |
|---------------------------------|------------------------|--|
|---------------------------------|------------------------|--|



V. S. No. 1

| C | 1 | 9 | 1 |
|---|---|---|---|
| U | U | 4 | 7 |

| 1. PLACE OF DEATH | | | | 93-20 |
|---|------------|------------|--|--|
| County Cecil | | | | Registration Dist. No. 96 |
| Village Or City Vet | Adm. Fac | ility, | Perry Po | int No. Maryland. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number) s. 15 ds. How long in U.S. if of foreign birth? yrs. mos. ds. |
| 2. FULL NAME RU | Fra | nk G. | | If U. S. Veteran, specify WAR World |
| (a) Residence: No. 11 | | | | |
| PERSONAL AND ST | | | | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR 1 | RACE 5. S | INGLE, MAR | RIED, WIDOWED, O (write the word) | 21. DATE OF DEATH June 15 , 193 7 (Month) (Day) (Yeer) |
| Se. If married, widowed, or divorced HUSBAND of | | | | |
| (w) WIFE of Unknown | n | | | 22. HEREBY CERTIFY, That I attended deceased from |
| | 0. | | | November 30 , 19 29 , to June 15 , 19 37 I last saw h im elive on June 15 , 19 37 ; death is seid |
| 6. DATE OF BIRTH (month, dey, end y | 1 | . 17, | | |
| | Months | Deys | If LESS than 1 dey,hrs. | to heve occurred on the dete stated above, et. 9.10 MM. The PRINCIPAL CAUSE OF DEATH end related causes of importance |
| 45 | 7 | 28 | ormin. | were as follows: |
| Trede, profession, or perticula kind of work done, es SPI SAWYER, BOOKKEPER, ef 9. Industry or business in which work was done, as SILK M SAW MILL, BANK, etc | NNER. TT-1 | n own | | Myocarditis, chronic 1 yr |
| 9.4ndustry or business in which work was done, as SILK M SAW MILL, BANK, etc | | | | |
| SAW MILL, BANK, etc | | | | - |
| 10. Date deceased last worked at this occupetion (month end year) | | 1902 | me (years) nt in this pation _ 1111kn OW | |
| 12. BIRTHPLACE (city or town) | Philade | 1 nhia | | Other Contributory Causes of Importance: |
| (State or country) | Penr | | | Demantia Praacox, Hebephranic unknown |
| 13. NAME Frank Ru | ffu | | | |
| 13. NAME Frank Ru 14. BIRTHPLACE (city or town) (State or country) | unknow | n | | Name of operation. Hemorrh oidectomy Date of 5/14/37 What test confirmed diegnosis? Laboratory Was there an autopsy? Yes |
| 15. MAIDEN NAME un | known - | deceas | ad | 23. If deeth wes due to externel deuses (VIOL ENCE) fill in elso the following: |
| 15. MAIDEN NAME UN 16. BIRTHPLACE (city or town) (Stete or country) | | | | Accident, suicide, or homicide? NO Dete of injury |
| | al recor | | | (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVA | AL . | | | Manner of injury |
| Place Atlantic Ci | ty. N.Jo | te Jun | e 16 ,1937 | Neture of injury |
| P | inter | xon | 4 | 24. Wes disease or injury In any way related to occupation of deceased? No |
| 19. UNDERTAKER PANILINGT | ON & SON | | | If so, specify |
| 20 FUED 6/16/ 122 | Cont | in | ders. | (Signed) M. D. |
| 20. FILEO/, 19-2-/ | | | Registrar. | (Address) Vet a Am Pacility, Perry Point, |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of 'dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | i | Example II | 2 13 |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis 1937 | 1921 | Run over by street car . | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| 7 \ \ . 3. | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | (1.249.00) | |
| | | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1.

V. S. No. 1

certificate.

See instructions on

TION is very important.

state

plnods Jo

OCCUPA-

| 1. PLA | CE OF DEA | ТН | | | | 6525 |
|------------------------|---|-------------------------|------------------------------|---|--|-------------------|
| Cour | | | | on Facility | | 96 |
| Villa | ge or City | Perry Po | oint, Gec | il County, | MOSt., death occurred in a hospital or institution, give its NAME instead of street a | |
| Lengt | th of residence in ci | ty or town where o | feeth occurred 6 | yrs. 5 mos | death occurred in a hospital or institution, give its NAME instead of street in the st | and number)mosds. |
| 2. FUL | L NAME | SCERE, | | Sam | If U. S. Veteran, specify WAR World | |
| (a) | Residence: No.2 | 84 South | Street, Usumi piace | Meadville, of abode) | Past., Ward. If nonresident give city or town | and State |
| | RSONAL AN | | | | MEDICAL CERTIFICATE OF DEATI | |
| 3. SEX | | R OR RACE | 5. SINGLE, MAR OR DIVORCE | RIED, WtDOWED, D (write the word) Tie d | 21. DATE OF DEATH June 27 (Month) (Day) | , 193.7 (Year) |
| 5e. If marrie HUSBA | | rs. Sam | Sce re | | 22. I HEREBY CERTIFY, Thet i atten Dec. 22 19 30 to June 27 | ded deceased from |
| 6. DATE OF | BtRTH (month, day | y, and year) | ? - ? - | 1892 | i last saw h_im_alive on June 27 | |
| 7. AGE | Years 45 | Months — | Days | if LESS than 1 day,hrs. ormin. | to have occurred on the date stated above, et 12:082 | Dete of onset |
| 0 | de, profession, or p kind of work done, SAWYER, BOOKKEE | as SPINNER, PER, etc | Laborer | | Gens rel Paralysis of the Insene | unknown |
| A 9. mau | ustry or business in work was done, as S SAW MILL, BANK, o | SILK MILL. | Factor | ies | | |
| 10. Dete | 10. Dete deceased last worked et this occupation (month and year) 11. Total time (years) spent in this occupation | | | | the same of the same of the same | |
| 12. BIRTHPI | LACE (city or town) | S. 41. | | | Other Coutributory Causes of Importance: | |

unknown FATHER 13. NAME Sicily 14. BIRTHPLACE (city or town). (State or country) unknown MOTHER 15. MAIOEN NAME

Sicily 16. BIRTHPLACE (city or town) (Stete or country)

Hospital records 17, INFORMANT. (Address) 18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER (Address)

June

28

23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? ...

(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

if so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Neture of injury....

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term-"laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | IVE | DI | Example II | |
|---|--------|---------------|--|---------------|
| The principal cause of death and related of importance were as follows: | causes | Date of enset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 2001 | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis BUREAL | IV | 3 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | Taxes | July 5, 192 | 7 Peritonitis | 3 days ago |
| | _ | | | |
| | 14-4 | | | |
| Other contributory causes of importance: | | | Other contributory causes of importance: | |
| Gallstones | | May 1,192 | 3 Gastroenteritis | 1 year |
| | | | | |
| | | | | |



certificate.

See instructions on back of

TION is very important.

B.-WRITE PLA

V. S. No. 1

OCCUPA-

STATE OF MADVI AND CEPTIFICATE OF DEATH

| 1. PLACE OF DEATH | - 83 |
|--|--|
| County Cecil | Registration Dist. No. 98 |
| Village or City Veterans' Administration Faci | |
| 2. FULL NAME SMYTH, James Joseph (a) Residence: No. 3238 Bee chwood Blvd, Pittsb: (Usual place of abode) | |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married | 21. DATE OF DEATH June 2 , 193.7 (Year) |
| 5a. If married, widowad, or divorced HUSBAND of GOTWIFFOT Frances Smyth (maiden page | 22. I HEREBY CERTIFY, That I attended deceased from September 12, 1935, to June 2, 1937 |
| 6. DATE OF BIRTH (month, day, and year) August 26, 1887 | liast saw h im alive on June 2 ,19 37; death is said |
| 7. AGE Years Months Days If LESS than 1 day, | to have occurred on the data stated above, at |
| 8. Irade, profession, or particular kind of work done, as SPINNER, No thing special SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was done, as SLIK MILL, SAW MILL, BANK, atc. 10. Date deceased last worked at this occuration (modit and service) spent in this occuration (modit and service) are consistent with the service of the serv | |
| 12. BIRTHPLACE (city or town) Pittsburgh (State or country) | Other Contributory Causes of Importance: Malaria 5-25-37 |
| 13. NAME John Patrick Smyth - dead | |
| 13. NAME John Patrick Smyth - dead 14. BIRTHPLACE (city or town) | Nama of operation Clinical & Laboratory What test confirmed diagnosis? Top Ofts Was there an autopsy? NQ |
| 15. MAIDEN NAME Anna Margaret (?) - dead 16. BIRTHPLACE (city or town) (State or country) Tre land | 23. If death was due to axternal causes (VtOL ENCE) fill in also the following: Accident, suicide, or homicide? |
| 17. INFORMANT Hospital records (Address) | (Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. SURFAC, CHEMATION, OR REMOVAL Place Pittsburgh, Pa. Date June 2. 19 37 | Manner of injury |
| 19. UNDERTAKER PENNTINGTON & SCHOOL (Address) Have de Grace, to 20. FILED 6/2/, 1937/2 J. Daudeus, | 24. Was disease or injury in any way related to occupation of daceased? No If so, specify (|

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

| Ex | ample I | Example II | | |
|--|---------------------------|--|--|------------|
| The principal cause of deat of importance were as follo | th and related causes ws: | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arterioselerosis | JUL 8 1937 | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | BUREAU V. | July 5 1927 | Peritonitis - | 3 days ago |
| | | | | |
| | | | | |
| Other contributory causes | of importance: | 0 = 43 = 1 | Other contributory causes of importance: | man to |
| Gallistones | | May 1,1923 | Gastroenteritis | 1 year |
| | | | | |
| | | | The second secon | |
| | | · | | |

| ADDITIONAL | SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSI | CIAN |
|------------|-------|-----|---------|------------|----|-------|------|
| | | | | . t | | | c |

TION is very important.

-WRITE PLA

V. S. No. 1

| 1. PLACE OF DEATH | The state of the s |
|--|--|
| County Ceerl | Registration Dist. No. 91 |
| | No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) |
| 21. 1 14 04 | ds. How long in U.S. if of foreign birth?yrsmosds. |
| (a) Residence: No. Character (Usual place of abode) | St., Ward. If u. S. Veteran, specify WAR. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married | 21. DATE OF DEATH (Month) (Oay) 1937 (Oay) |
| 5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of Corn C. Stankey | 22. HEREBY CERTIFY, That I attended deceased from 1937 |
| 6. DATE OF BIRTH (month, day, and yeer) May 27 /1860 7. AGE Yeers Months Oeys If LESS then | liest saw 1 2 elive on elive on |
| 87 - 1 dey,hrs. | The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows: |
| 8. Trede, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc | A |
| kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9 Industry or business In which work wes done, as SILK MILL. SAW MILL, BANK, etc. 10. Oate deceesed lest worked et this occupation (month and | Cardiovacular |
| 10. Oate decessed lest worked et this occupetion (month and yeer) 11. Total time (years) spent in this occupetion | Must desense |
| 12. BIRTHPLACE (city or town) Selection (Stete or country) | Other Contributory Causes of importance: |
| 13. NAME andrew Started | fuct, |
| 13. NAME CINCLE Start St | Neme of operation Date of |
| 15. MAIDEN NAME | 23. If deeth wes due to externel causes (VIOL ENCE) fill in also the following; |
| 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) | Accident, suicide, or homicide? |
| 17. INFORMANT Class A Stanley (Address) Chesperter City (FD) | (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL PIECE Cliteton Cenet Oete June 3, 19 37 | Menner of injury |
| 19. UNDERTAKER New Prepare 9 Som Inc. (Address) Eleton Park Ta ESUPERA | 24. Was disease or injury in any wey related to occupation of deceased?., If so, specify |
| 20. FILED 6/9 , 1937 B. H. Brown Registrar. | (Signed) Chesagerbell Net. D. |

STATE OF MARYI AND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

Example I

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

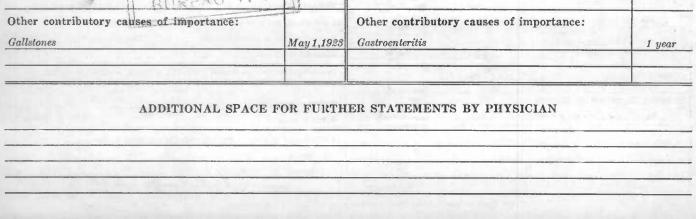
In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Evample II

| | Example 1 | i i | Diample 11 | |
|--|---------------------------------------|-----------------------|--|---------------|
| The principal cause of of importance were as | death and related causes- follows: | Date of onset | The principal cause of death and related causes of importance were as follows: Attack of epilepsy | Date of onset |
| Chronic interstitial nephra | 17 1 1 1 | 1921 | Run over by street car | 1 week ago |
| | A C / (2) | 17 | | |
| Cerebral hemorrhage | 2 1937 | July 5, 1927 | Peritonitis | 3 days ago |
| | | | | |
| * | RUSEAU V. S. | | | |
| Other contributory can | ses of importance: | and the second second | Other contributory causes of importance: | 27 2 |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year |
| THE THE PARTY OF THE | | | | |
| | | | | |



| 1. PLACE OF DEATH | (121) |
|---|---|
| County Coil WITHIN CORPORATE | Registration Dist. No. 92 |
| Village or City Elalou | No. Clinion Hospital St. Ward |
| (II Length of residence In city or town where death occurredyrsmos | death occurred in a hospital or institution, give its NAME instead of street and number) Af Lagrandow long in U.S. if of foreign birth? yrs. mos. ds. |
| 2. FULL NAME Oscar Stevens In | If U. S. Veteran, specify WAR |
| (a) Residence: No. (UsuaIplace of abode) | St., Ward. Mossey Md If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR BACE OR DIVORCED (write the word) White S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH Jenne 19 (Year) (Year) |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of | 22. J. HEREBY CERTIFY. That I attended deceased from 19 21937 to June 19 37 |
| 6. DATE OF BIRTH (month, day, end year) April 15 +4 193 | |
| 7. AGE Years Months Days If LESS than | to heve occurred on the date stated above, at 740A.m. |
| 7 2 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows: |
| 8. Frade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. | terplaced appendiculas 6/15- |
| SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et this occupation (month and this program of the same o | ravor vicentia |
| SAW MILL, BANK, etc | |
| O 10-Date deceased last worked et 11. Total time (years) spent in this year) occupation | |
| 12. BIRTHPLACE (city or town) | Other Contributory Causes of Importance; |
| (State or country) Pelaceae | |
| 13. NAME Oscar Stevens | |
| 13. NAME Oscar Stevens 14. BIRTHPLACE (city or town) Cheapeake (State or country) | Name of operation Date of What test confirmed diagnosis? Was there an autopsy? |
| 15. MAIDEN NAME Beatrice Pinder | 23. If death wes due to external causes (VIOLENCE) fill in elso the following: |
| 15. MAIDEN NAME Bentice Pinder 16. BIRTHPLACE (city or town) Millington (State or country) | Accident, suicide, or homicide? Date of injury, 19 |
| 17. INFORMANT Miso Oscar Streen (Address) | (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of Injury |
| Place Millingtone Date / line 22/198 | Nature of Injury |
| 19. UNDERTAKER John of Jolin + Son | 24. Was disease or injury in any way related to occupation of deceased? 24. |
| (Address) / Milling lon ma | If so, specify |
| 20. FILED June 19, 193) & June France | (Signed) Selling M. D. |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

| Example 1 | 1 | Example II | | |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |

V. S. No. 1

| STATE OF MARYLAND— | CERTIFICATE OF DEATH | 6529 |
|--|--|-----------------|
| 1. PLACE OF DEATH | | |
| County Legil | Registration Dist. No. | |
| Village or City and Wellout 17 10. | No. St., death occurred in a horpital or institution, give its NAME instead of street and n | Ward |
| 6 | ds. How long In U.S. if of foralgn birth?yrsmo | |
| 2. FULL NAME (braham. Louis. | If U. S. Veteran, specify WAR | |
| (a) Residence: No. Smithsbury, Washington & | St., Ward. If nonresident give city or town and it | State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | |
| S. SEX 4. COLOR OR RACE OR DIVORCED (write the word) | 21. DATE OF DEATH 29 June (Mo)(th) (Day) | , 193 (Year) |
| 5a. If married, widowed, or divorced HUSBAND of (OF) HIEE-of which a. Lows | 22. I HEREBY CERTLEY, That i attended of | decaased from |
| 6. DATE OF BIRTH (month, day, and year) use 15, 1853 | Mast saw hamaliva on fine 29 19.37 | ; death is said |
| 7. AGE Years Months Deys If LESS than | to have occurred on the data stated abova, atm. | |
| 84 1 day,hrs. ormin. | The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: | Date of onset |
| 8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc. | A | |
| | Lancimona 4 | 1019.1 |
| 9. industry or business in which work was done, as SILK MILL, Owner. | Place F Tage | 17.44 |
| 10. Date decaased last worked at this occupation month and 9 3 3 11. Total time (years) spant in this occupation. | Direction of four glasser Cutton | |
| 12. BIRTHPLACE (city or town) Layurelly frequies CS (Stete or country) | Other Contributory Causes of Importance: | |
| 13. NAME Chrakam Rams | | |
| 13. NAME (FILL STATE STA | Chama of operation Data of | |
| (State of Country) | What test confirmed diagnosis? Was there an a | ulopsy210 |
| 15. MAIDEN NAME LUSAN Kifer | 23. If death was due to axternal causes (VIOLENCE) fill In also tha following | : |
| 16. BIRTHPLACE (city or town) | Accidant, suicide, or homicide? Data of injury Where did injury occur? | |
| 17. INFORMANT Control Lange (Address) Control | (Specify city or town, county and State Spacify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA | e) ACE. |
| 18. BURIAL, CREMATION, OR REMOVAL devices Col. Oll 34 | Mannar of injury | |
| Place Sefect Date 19 19 | Netura of injury | |
| 19. UNDERTAKER ED GE STORY | 24. Was disease or injury in any way related to occupation of dacassad? | nd |
| (Addrass) spithsong only | If so, specify A Magazine | |
| 20. FILED 6/30 1937 Lot Joules | (Signed) A Way And Man | M. D. |

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting U. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | il | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis 11 8 1931 | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| WINEAU V. S. | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

| ADDITIONAL SPA | CE FOI | R FURTHER | STATEMENTS | $\mathbf{B}\mathbf{Y}$ | PHYSICIAN |
|----------------|--------|-----------|------------|------------------------|-----------|
|----------------|--------|-----------|------------|------------------------|-----------|

mportance:

1 year

CIAN



STATE OF MARYLAND-CERTIFICATE OF DEATH

| 1. PLACE OF DEA | TH | , | | (210-m) (N) | |
|---|-------------------|--------------------------------------|--|--|------------------|
| County | Cecil | | | Registration Dist. No. 95 | |
| Village or City | Rising | Sun | | NoSt., | ·Ward |
| Length of rasidenca in c | Charl | otte Ulr | ner mos | death occurred in a hospital or institution, give its NAME instead of street and ods. How long in U.S. if of foraign birth?yrsmo | umber) sds. |
| (a) Residence: No. | 20 Wav | (Usual place | ace, rree of abode) | Part, Lwang Island, N.Y. If nonresident give city or town and | State |
| PERSONAL AN | ND STATIST | CAL PARTI | CULARS | MEDICAL CERTIFICATE OF DEATH | |
| 3. SEX 4. COLO | Col. | s. SINGLE, MAR OR DIYORCE Mari | RIED, WIDOWED, D (write the word) P100 | 21. DATE OF DEATH 6 13 | 193.7. (Year) |
| 5a. If married, widowed, or div HUSBANO of (or) WiFE of Den | orcad mis Ulm | er | | 22. LIHEREBY CERTIFY. That I attended to | faceasad from |
| 6. DATE OF BIRTH (month, da | v and veer) 4. | -12-191 | 7 | I last saw halive on19 | : daath is said |
| 7. AGE Years 20 | Months 2 | 0ays | If LESS than I day,hrs. ormin. | to have occurred on the dete stated above, et. 4 - 8 - 8 - 8 - 8 - 1 - 1 - 1 - 1 - 1 - 1 | Data of onsat |
| 8. Trade, profession, or profession, or profession and sind of work done SAWYER, BOOKKE | | H.W. | | Compound Comminuted fract. of skull, broken neck | |
| 9 Industry or businass i work was done, as SAW MILL, BANK, | SILK MILL, etc | •••• | | Comp. Comminuted fracture right leg from knee to ankle | |
| O 10. Date dacaased last wo this occupation (moyaar) | onth and | 11. Total ti | ima (years) nt in this upation | compound fracture of left | |
| 12. BIRTHPLACE (city or town (State or country) | S. (| Q. | | out Carrier knee joint lacerated right side of | |
| Ha 13. NAME Ha | rrison | Wilson | | | |
| 14. BIRTHPLACE (city or t | own) | G | | Name of operation Date of What test confirmed diagnosis? Was there an a | |
| 15. MAIDEN NAME | Ella Wa | obinato | | 23. If deeth wes due to external causes (VIOLENCE) fill in elso the following | |
| 16. BIRTHPLACE (city or t | own) | _ | | Accidant, suicide, or homicide? accident bate of Injury 6= Where did Injury Rock Churt Route 273 (Specify city or town, county and State | 13,37 |
| 17. INFORMANT Jam (Address) 20 | es Ulma Waverl | r y Place | Free Por | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA t. I. I. N.Y. Public road | c) ACE. |
| 18. BURIAL, CREMATION, OR | REMOVAL ST | Datedin | e 18, 1937 | Manner of Injury Automobile Neture of injury Broken neck | |
| 19. UNDERTAKER N. (Addyrass) | 37 | Jys. | Turtho | 24. Was disease of injury in any way related to occupation of dacassad? If so, specify (Signer) | revie |
| 20. FILEDONIAL M | north | morton | Registrar. | (Address) Lean 9 Su | who |

V. S. No. 1

Exact statement of OCCUPA-

stated EXACTLY.

AGE should be

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

MARGIN RESERVED FOR BINDING

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

| Example I | | Example II | |
|---|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onsot |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago |
| | | | |
| 4 | į «. | The state of the s | |
| Other contributory causes of importance: | May 1'7 923 | Other contributory causes of importance: | 1 year |
| G de l'original de la company | 11491,1000 | V A STATE OF THE S | 1 gair |
| | 1 | 5/ | |
| ADDITIONAL SPACE | or Furth | ER STATEMENTS BY PHYSICIAN | |

STATE OF MARYLAND—CERTIFICATE OF DEATH

| STATE OF MARTEAND | CERTIFICATE OF DEATH | | |
|--|---|--|--|
| 1. PLACE OF DEATH WITHIN CORPORATE LIM | 2/0-711 | | |
| County Classification of the County Classific | Registration Dist. No. 92 | | |
| Village or City Ellsten Md. Use | ward death occurred in a horpital or institution, give its NAME instead of street and number) | | |
| Langth of residence In city from where death occurred 29 yrs mos | | | |
| 2. FULL NAME / MM as VVy | CLU If U. S. Veteran, specify WAR | | |
| (a) Residence: No. (Usual place of abode) | ASt.,' Ward. If nonresident give city or town and State | | |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | | |
| 1. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH 6 16 193.7 | | |
| 5a. If married, widowad_R divorced | (Month) (Day) (Yéar) | | |
| HUSBAND of Frances Wyatt | 22. I HEREBY CERTIFY, That I attended deceased from | | |
| 6. DATE OF BIRTH (month, say, and year) 7-1905 | I last saw h alive on, 19, 10, 19, 19, death is said | | |
| 7. AGE Years Months Days If LESS than | to have occurred on the data stated above, at 11m. | | |
| 3/ // 9. 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related gauss of Importance were as follows: | | |
| Jrade, profassion, or particular kind of work dona, as SPINNER, Laborer. | milliple fractive | | |
| 9. Industry or business in which | De the later aller al | | |
| work was done, as SILK MILL, SAW MILL, BANK, etc. | la caraco la ce le: | | |
| | 10 Cart De V Carring | | |
| year) occupation | Other Contributory Causes of Importance: | | |
| 12. BIRTHPLACE (city or town) west coint | - | | |
| (State or country) | | | |
| 13. NAME allene wyott. | 1 | | |
| 14. BIRTHPLACE (city or town) wolkerton, | Name of operation Alfhane Ct. Date of Le -16-3 | | |
| (State of country) | What test confirmed diagnosis? Oferalin Was there an autopsy? 10 | | |
| 15. MAIDEN NAME Fellow Creiton | 23. If death was due to axternal causes (VIO)-ENCE fill in also the following: | | |
| 15. MAIDEN NAME Fellow Creiton 16. BIRTHPLACE (city or town) (State or country) | Accident, suicide, or Nomicial Conference Office Date of Injury 6 16 19 3 | | |
| S (State or country) | Where did lajor of the trued 12a. | | |
| 17. INFORMANT Mr. Horry more | (Specify or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. | | |
| (Address) Clitton md | Julille roud , 1 | | |
| 18. BURIAL, CREMATION, OR REMOVAL PIACOCIATOR OF COMMENT Data Process 1919. 37 | Manner of Injury Collection | | |
| 2/1.0', 6/0 | Nature of injury | | |
| 19. UNDERTAKER ALW Support & Jones Bree - | 24. Was disease or injury in any way related to occupation of deceased? | | |
| (Address) Olations I made I was All species | If so, specify I A To Claum Mit Curves | | |
| 20. FILED June 18, 1937 & Mause Mayer | (Signed) Company O. D. | | |
| Registrar. | (Address) | | |

V. S. No. 1

N. B.

should state

PHYSICIANS

IS A PERMANENT R stated EXACTLY.

FOR BINDING

MARGIN RESERVED

WITH UNFADING INK-THIS

AGE should be

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

properly classified.

Exact statement of OCCUPA-

RD. Every item of infor-

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

| Example 1 | | Example II | | |
|---|------------------------------|---------------|--|---------------|
| The principal cause of de of importance were as fol | ath and related causes lows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | TO | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | CFIA | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | G 1937 | July 5,1927 | Peritonitis | 3 days ago |
| | ,102 V S. | | | |
| Other contributory cause | of importance: | 5) | Other contributory causes of importance: | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year |
| | | | | |
| | | | | |

| ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN |
|--|
| to suthoughtion ochange birthplace and birthplace |
| 1 mother soo letter Filed seender Kane, 9/18/37. |
| |
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